

MULTIPLE DEPEN. CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 553001

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5	1					
6	1					
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
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27	1					
28	1					
29	1					
30	1					
31	1					
32	1					
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35	1					
36	1					
37	1					
38	1					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47	1	1				
48	1					
49	1					
50	1					
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←	←	
TOTAL CLAIMS			████████	████████	████████	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
62		1	1			
63	1	1	1			
64	1					
65	1					
66	1					
67	1					
68	1					
69		1				
70		1				
71		1				
72		1				
73		1				
74		1				
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82		1				
83		1				
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	22		↓		↓	↓
TOTAL DEP.	61	←	←	←	←	←
TOTAL CLAIMS	83	████████	████████	████████	████████	